

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101578040

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2		1			
4	2		1			
5	①		1			
6	1		1			
7	1		1			
8	2		1			
9	2		1			
10	①		1			
11	①		1			
12	①		1			
13	①		1			
14	①		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	①		1			
20	①		1			
21			1			
22			1			
23			1			
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48						
49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	23	←	24	←		←
TOTAL CLAIMS	24		27			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						